

**JOINT DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**

As a below named inventors, we hereby declare that:

Our residence, post office addresses and citizenship are as stated below next to our names;

We believe that we are the original, first and joint inventors of the subject matter which is claimed and for which a utility patent is sought on the invention entitled:

**SYSTEM AND METHOD FOR PROVIDING ACCESS TO FORMS FOR
DISPLAYING INFORMATION ON A WIRELESS ACCESS DEVICE**

the specification of which:

- ☐ was filed on _____, as United States Non-Provisional Application No. _____ bearing Attorney Docket No. _____
- ☒ is attached hereto.

We hereby state that we have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

We acknowledge the duty to disclose information that is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

We acknowledge the duty to disclose to the Office all information known to us to be material to patentability as defined in §1.56, which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

Prior Foreign Application(s)

- ☐ We hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application designating at least one country other than the United States listed below and have also identified below any foreign application for patent or inventor's certificate or PCT International application having a filing date before that of the application on which priority is claimed.

Priority
Claimed

_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country - if PCT, so indicate)	(dd/mm/yy Filed)	Yes	No

Prior United States Provisional Application(s)

- ☐ We hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below

Application Serial Number

Filing Date
(MM/DD/YYYY)

Prior United States Applications(s)

- ☐ We hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s), listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, we acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application::

U.S. Parent Application Serial Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/750,320	12/29/00	
09/750,301	12/29/00	

We hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Attorney or Agent	Registration No.	Attorney or Agent	Registration No.
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all of MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO PC, One Financial Center, Boston, Massachusetts 02111, as Applicant's attorneys with full power of substitution and revocation to take any and all action necessary with regard to the above-identified patent.

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We hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or patent issued thereon.

First Inventor's Signature

Full Name of Inventor: **Andrew ROUSE**

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Post Office Address: Same as above

Date

Date _____

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